

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

August 19, 2015

9:30 am – 11:30 am

AGENDA

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|-----------------------------|-------------------|
| I Welcome and Introductions | Bertrand Levesque |
| II Review of the Minutes | Bertrand Levesque |
| III Hathaway/Sycamores | Dr. Margaret Faye |

Quality Improvement

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| I Patient Rights-Grievance | Elizabeth Owens |
| II Change of Providers | Elizabeth Owens |
| III Cultural Competency | Elizabeth Owens |
| IV MSIP Survey Data | Elizabeth Owens |
| V Change of Providers Contact | Bertrand Levesque |
| VI Policy Update | Gassia Ekizian |

Quality Assurance Liaison Meeting

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| I DSM 5 and ICD9/10 | Gassia Ekizian |
| II Documentation Training & Special Taining | Gassia Ekizian |
| III Bulletin-Crisis Intervention & Med. Support | Bertrand Levesque |
| IV State Audit | Bertrand Levesque |
| V Medical Certification | Elizabeth Townsend |
| VI Meaningful Use | Bertrand Levesque |
| VII Risk Eval & Columbia Severity Suicidal Scale | Gassia Ekizian |
| VIII Initial Med. Aptmt update | Gassia Ekizian |
| IX Overview of State Documentation Training | Bertrand Levesque |

Other Issues

- | | |
|-----------------|-------------------|
| I Announcements | All |
| II Adjournment | Bertrand Levesque |

**Next Meeting: September 16, 2015 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

Type of Meeting	Service Area 3 QIC	Date	8/19/2015	
Place	ENKI - 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.	Start Time:	9:30 am	
Chairperson Co-Chairs	Dr. Bertrand Levesque Mrs. Gassia Ekizian Mrs. Elizabeth Owens	End Time:	11:16 am	
Members Present	<i>Misty Aronoff</i>	<i>Alma</i>	<i>Stella Tam</i>	<i>Heritage</i>
	<i>Judy Law</i>	<i>Alma</i>	<i>Ari Winata</i>	<i>Hillsides</i>
	<i>Marie Zamudio</i>	<i>Almansor</i>	<i>Brittany Fella</i>	<i>Homes for Life</i>
	<i>Emily Dual</i>	<i>Bienvenidos</i>	<i>Tammie Shaw</i>	<i>Maryvale</i>
	<i>Mark Rodriguez</i>	<i>Bridges</i>	<i>Gabriela Rhodes</i>	<i>McKinley Children's Center</i>
	<i>Shelly Elftman</i>	<i>Bridges</i>	<i>Uyen Nguyen</i>	<i>Pacific Clinics</i>
	<i>Priscilla Gibbs</i>	<i>Bridges</i>	<i>Daniel Navasartan</i>	<i>Prototypes</i>
		<i>Center for Integrated</i>		
	<i>David Zableckis</i>	<i>Family and Health</i>	<i>Daniella Chavez</i>	<i>Prototypes</i>
		<i>Services</i>		
	<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Natasha Stebbins</i>	<i>PUSD</i>
	<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Diana Scott</i>	<i>Rosemary</i>
	<i>Greg Tchakmakjian</i>	<i>DMH</i>	<i>Rebecca deKeyser</i>	<i>San Gabriel Children's</i>
	<i>Elizabeth Townsend</i>	<i>DMH - Certifications</i>	<i>Perla Pelayo</i>	<i>SPIRITT</i>
				<i>Social Model Recovery</i>
	<i>Nancy Uberto</i>	<i>D'Veal</i>	<i>Dawn Dades</i>	<i>Systems</i>
	<i>Ariana Alvarez</i>	<i>D'Veal</i>	<i>Elizabeth Owens</i>	<i>Tri-City MH</i>
	<i>Windy Luna-Perez</i>	<i>Ettie Lee</i>	<i>Rocio Bedoy</i>	<i>Tri-City MH</i>
	<i>Tiffani Tran</i>	<i>Five Acres Boys and</i>	<i>Keri Zehm</i>	<i>Tri-City MH</i>
		<i>Girls Aid Society</i>		
	<i>Katie McGevna</i>	<i>Five Acres Boys and</i>	<i>Joe Bologna</i>	<i>Trinity</i>
		<i>Girls Aid Society</i>		
	<i>Gassia Ekizian</i>	<i>Foothill</i>	<i>Katia Perez</i>	<i>Violence Intervention</i>
	<i>Margaret Faye</i>	<i>Hathaway</i>	<i>Jessica Rentz</i>	<i>Leroy Haynes Center</i>

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	Dr. Levesque called the meeting to order and followed with self-introductions. He also noted that this would be Elizabeth Owens last meeting and thanked her for work with this committee.		
Review of Minutes	The minutes were reviewed. Motion to accept by Natasha Stebbins seconded by Margaret Faye.		
QI/QA Process- Dr. Margaret Faye	Dr. Faye presented on the process at Hathaway/Sycamores. There are ten sites including residential and outpatient. They provide training to new employees. They also have a peer review process, with one person per site. They have a rubric for progress notes. All documentation is co-signed. Supervisors score the notes and then pass them on to Quality Management to see whether they agree. Each site takes turns to present to the panel of Quality Management and to talk about the issues. There are monthly QM bulletins to address new guidelines/policies. They have performance improvement projects at each site that focus on efficiency and efficacy. A "Quality Cup" is awarded to the sites to be more reward-focused and to reduce the fear of QM and it is awarded on a quarterly basis. Quality indicators include: risk assessment, safety plan, how well treatment goals are written, time from referral to first appointment, progress note completion and review, and passing rate. Consumer outcomes include the OMAs.		
Patient Rights- Grievance	Dr. Levesque passed around the agency list. Providers are encouraged to track and gather information as to why clients file grievances and how to resolve them. For change of providers, please send in your logs before the 10 th of each		

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	month. For questions, contact patient rights directly: Jamie Walker 213-738-6190 (phone) 213-738-6192 (fax).		
Cultural Competency	Mrs. Owens stated that the last meeting was on 8/12 and they discussed MHSA's Prevention and Early Intervention and Innovations programs. They meet on the second Wednesday of each month. At the next meeting there will be a presentation on spirituality. It will be an expectation that agencies are knowledgeable about this topic and how/when to implement it.		
MSIP Survey Data	Mrs. Owens reported that they are still analyzing the data from November and spring. Each provider will receive feedback.		
Change of Providers Contact	A list was distributed. Changes are to be sent to Dr. Levesque.		
Policy Update	Mrs. Ekizian reviewed new and revised policies.	Please review handout.	
DSM 5 and ICD9/10	Implementation is on 10/1/15 and staff should have begun training. If your records are audited you need to show ICD10 diagnosis. DMH does not have replacement for GAF score. DMH assessment will have DSM5 diagnosis, but also will show ICD10 diagnosis for an auditor. Claims must have it by 10/1/15. For the conversion, DMH based it on the crosswalk for contractors via the SIFT file. There are three reports—converted codes, ones that are questions, and ones that if they cannot change, you need to find. Expect these reports via SIFT. Diagnosis information form for those that are not on the crosswalk—you need to do it yourself. DMH Training—in August/Sept for ICD 10 and they are	Please review handout.	

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	creating their own PowerPoint. A bulletin will come out and it will have a link to the ICD10 PowerPoint.		
Documentation Training & Special Training		Please review handout.	
Bulletin-Crisis Intervention & Med Support	The total of the billing for that day cannot be more than 480 minutes. For medication service, it cannot be for more than 240 minutes. Anything related to crisis needs to be billed to crisis code rather than other parts—like collateral.	Review Bulletin 15-07	
State Audit	State Audit—visitors from the state will begin pulling records from across the county in February. System review is on 2/8/16. About 80 cases across county will be pulled. Minimal disallowance. You cannot change anything after the list is given out.		
Medical Certification	Ms. Townsend explained that you can use the templates she has, but it is not required. If you create your own, you need to have the elements from the protocol. Elizabeth will send the templates. The forms need to be site specific and need the agency heading and your title. They are doing re-certifications early. If you need help or have questions, please call Elizabeth Townsend. Any school-based site needs fire clearance.		
Meaningful Use	New program about things that nurses and psychiatrists do: basic vitals and it needs to be documented in the chart. Also suicide risk that needs to be included.		
Risk Eval and Columbia Severity Suicidal Scale	DMH will put out bulletin. They will implement a standardized tool. Required to have one at intake—you can choose which one. Also one for children. It can be viewed online. Copyright	Please see handout	

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	payment may be required based on the one you choose. Toolkit of suicide prevention resources.		
Initial Med Appt Update	The intent of the policy is that there is a med appointment when a client is expecting one. If an appointment cannot be scheduled right away, it still needs to be logged in the service request log. The chief should be notified when an appointment cannot be scheduled so they can gather information about meeting this requirement. DMH log—if it is noted there, the chief does not need to be notified.		
Overview of State Documentation Training	It is very informative and certain issues still need clarification. It is in the process of being done. Reviewed some of the reasons for recoupment. Handout was sent from the California Department of Health Care Services.	Please see handout.	
Handouts	<ol style="list-style-type: none"> 1. Agenda 2. Meeting Minutes: July, 2015 3. Policy/Procedure Update 4. DSM5 and ICD 10 PowerPoint 5. Special Documentation Presentation Schedule as of 8/10/15 6. Toolkit of Suicide Prevention Resources 7. Reasons that a Service may be Disallowed and Recouped 		
Next Meeting	Next Meeting is September 16, 2015 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2 nd Floor, El Monte, CA 91731.		

Respectfully Submitted, Keri Zehm, Tri-City Mental Health